



PART B - FEE(S) TRANSMITTAL

NOV 30 2005
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7590 09/08/2005

The BOC Group, Inc.
Legal Services - Intellectual Property
575 Mountain Ave.
Murray Hill, NJ 07974

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Kimberly S. Brown	(Depositor's name)
<i>Kimberly S. Brown</i>	(Signature)
November 28, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,954	12/31/2003	Juzer Jangbarwala	M03A213	8592

TITLE OF INVENTION: SELECTIVE FLUORIDE AND AMMONIA REMOVAL BY CHROMATOGRAPHIC SEPARATION OF WASTEWATER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/08/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
THERKORN, ERNEST G		1723	210-656000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>David A. Hey</u> 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The BOC Group, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Murray Hill, NJ 01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date November 28, 2005

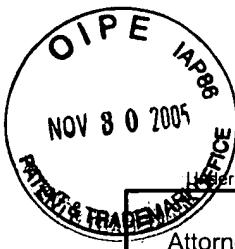
32,351

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Registration No. _____

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PTO/SB/92 (09-04)

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Attorney Docket: M03A213

Serial No.: 10/749,954

Filed: December 31, 2003

Confirmation No.: 8592

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Kimberly S. Brown

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908-771-1729

Registration Number, if applicable

Telephone Number

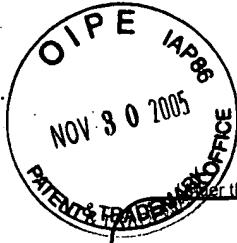
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/749,954
	Filing Date	December 31, 2003
	First Named Inventor	Juzer JANGBARWALA
	Art Unit	1723
	Examiner Name	Ernest G. Therkorn
Total Number of Pages in This Submission	4	Attorney Docket Number
		M03A213

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): an Itemized Certificate of Mailing, PTOL-85B (in dup), and Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The BOC Group, Inc.		
Signature			
Printed name	David A. Hey		
Date	November 28, 2005	Reg. No.	32,351

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Kimberly S. Brown	Date	November 28, 2005

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